

REMARKS

The Office Action indicated that claims 45 and 44 were identical. This has been remedied by amending claim 44 to specify that the communication is between the server and the portable computer over a wired network.

Claim 46 was rejected as being indefinite for use of the word “substantially.”

“Substantially” has been removed from this claim, removing the basis for the rejection.

New claims 47-50 have been added, and claims 10, 17, 20 and 37 have been cancelled. This cancellation has been done solely to avoid paying for the added claims and should not be construed as an abandonment or relinquishment of the subject matter of those claims. The Markush group elements of claim 37 were added to the group in claim 36.

The Office Action also indicated that claims 4-6, 8-9, 11-13, 15-16, 18-19, 22-25, 27-30, 33-35, 38 have been withdrawn as being to a non-elected species. However, since they are dependent on now allowable claim 1, they should be allowable along with the remaining claims.

The Office Action rejected claims 1-3, 14, 17, 26, 31, 32, 36 and 42-45. The art rejections were based upon the disclosure of US Patent 6,544,173 to West, et al. in view of US Patent 6,375,614 to Braun, et al. in view of www.legacypress.com, referred to as “Practice Today”. The claims have been amended to focus on the novel feature of a note field for entry of medical notes and billing information enabling bill generation by a clinician at the time services are rendered. This language has been added to claim 1, the sole independent claim.

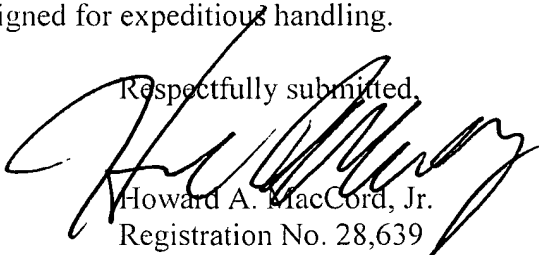
The billing feature was previously claimed in claim 31 referring to “pass through billing.” The Office Action referred the Practice Today to reject claim 31 in the rejections on pages 6 and 7 of the Office Action. The “Practice Today” is described as having screens that permit billing. But, they are separate screens from the medical notes field, thus making a more cumbersome

situation for the clinician. Applicant's system provides for billing as notes are being entered by the physician or clinician during a patient encounter. As such, it provides closer to real time billing with maximum convenience. The advantages of this system are set forth in the specification at page 7, lines 7 – page 8, line 11. Further features of the system described in this passage of the specification are enumerated in new claims 47-50.

Claims 18 and 19 have been amended to specify that the wide area network allows access to a patient record over a range of 20 miles or more. This feature is also not taught by the prior art and is referred to as the CAPER feature. CAPER is the acronym for Continuous Access to the Patient's medical Electronic Record. By allowing for a range of 20 miles or more, medical facilities and providers can link together, thus sharing patient data and allowing for continuous access to the patient electronic record, or CAPER. This system would ultimately link doctors with the patient, nursing home, hospital, pharmacy and each other. (Spec. page 6, line 2-8)

We believe this amendment puts this case in condition for allowance and the same is earnestly solicited. Should the Examiner have any small matters requiring resolution, he is encouraged to telephone the undersigned for expeditious handling.

Respectfully submitted,

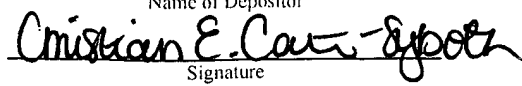

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